

Date	Last Name	First Name	AHCCCS ID #	DOB	Age
Primary Care Provider		PCP ph. #	Health Plan	Accompanied by (name)	Relationship

NICU: <input type="checkbox"/> yes <input type="checkbox"/> no	PEDS <input type="checkbox"/> yes <input type="checkbox"/> no	PEDS Pathway:	Vision Chart Exam OD OS OU			Allergies:	Temp:	Pulse:	Resp:	B/P	
Hearing Screening <input type="checkbox"/> Unable to perform			Corrected <input type="checkbox"/> yes <input type="checkbox"/> no			Wt:	%	BMI:	%	Ht:	%
Rt. <input type="checkbox"/> pass <input type="checkbox"/> refer Lt. <input type="checkbox"/> pass <input type="checkbox"/> refer			<input type="checkbox"/> Unable to perform								
Speech: age appropriate <input type="checkbox"/> yes <input type="checkbox"/> no			Medications:								

**PARENTAL CONCERNS/HISTORY:**

**DENTAL SCREEN:** ☒ INDICATES GUIDANCE GIVEN: ☐ Brushing/flossing (by parent) daily ☐ Dental appointment ☐ White spots on teeth

**NUTRITIONAL SCREEN:** ☒ INDICATES GUIDANCE GIVEN: ☐ Nutritionally balanced diet ☐ Junk food ☐ Soda/Juice  
☐ Over weight ☐ Activity ☐ Supplements

**DEVELOPMENTAL SCREEN:** ☒ INDICATES ACCOMPLISHMENTS: ☐ Sings a song ☐ Draws a person with 3 parts ☐ Gives first/last name  
☐ Names 6-8 colors/3 shapes ☐ Counts 1-7 objects out loud (not always in order) ☐ Names self and others ☐ Shows interest in other children ☐ Plays interactive with simple rules ☐ Asks/answers who, what, where, why ☐ Follows 2 unrelated directions  
☐ Other

**AGE APPROPRIATE EDUCATION AND GUIDANCE:** ☒ INDICATES GUIDANCE GIVEN: ☐ Sport helmet use ☐ Drowning prevention  
☐ Emergency 911 ☐ Sun safety ☐ Safe at Home ☐ Nutrition/exercise ☐ Toilet training ☐ Discipline/redirect  
☐ Reading/preschool ☐ Car Safety/booster seat/5 pt harness ☐ Provide opportunities for pretend & fantasy/problem solving & choices/drawing & scribbling ☐ Establish routine for bed/meals/toileting etc. ☐ Allow child to play independently/be available if child seeks you out ☐ Other

**BEHAVIORAL HEALTH SCREEN:** ☒ INDICATES OBSERVED BY CLINICIAN/PARENT REPORT: ☐ Family adjustment/parent responds positively to child ☐ Self calming ☐ Communication/language ☐ Pediatric Symptom Checklist ☐ Separates easily from parent ☐ Feels competent ☐ Kind to animals ☐ Objects to major change in routine ☐ Has words for feelings ☐ Other

**COMPREHENSIVE PHYSICAL EXAM:**

	WNL	Abnormal (see notes below)		WNL	Abnormal (see notes below)
Skin/Hair/Nails			Lungs		
Eyes/Vision			Abdomen		
Ear			Genitourinary		
Mouth/Throat/Teeth			Extremities		
Nose/Head/Neck			Spine		
Heart			Neurological		

**ASSESSMENT/PLAN/FOLLOW UP**

**LABS ORDERED:** ☒ INDICATES ORDERED ☐ Hgb/Hct ☐ Urinalysis ☐ TB skin test (if at risk) ☐ Other  
☐ Blood Lead Test (perform at 36 – 72 months if not already done)

**IMMUNIZATIONS:** ☒ INDICATES ORDERED ☐ Pt. Needs immunization today ☐ Delayed/Deferred ☐ Parent refuses ☐ Other reason  
☐ Had chicken pox ☐ HepA ☐ HepB ☐ MMR ☐ Varicella ☐ DTaP ☐ Hib ☐ IPV ☐ Influenza  
☐ PCV ☐ Other

**REFERRALS:** ☒ INDICATES REFERRED ☐ CRS ☐ WIC ☐ DDD ☐ ALTCS ☐ PT ☐ OT ☐ Audiology ☐ Speech  
☐ Developmental ☐ Behavioral ☐ Dental ☐ Head Start ☐ Specialty ☐ Other

Date/Time      Clinician name (print)      Clinician Signature      See Additional Supervisory note ☐ Yes ☐ No  
 Revised November 1, 2007